DEPART CENTER	MENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES	454	<u> </u>	1241	1>	FORM	MAPPROVED ), 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X4) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TPLE CONSTI	RUCTION MAIN BUILDIN	1	(X3) DATE S	SURVEY
		445276	B. WING			<del></del>	10/	08/2012 ·
	RÖVIDER OR SUPPLIER LLAND VILLAGE CAR	E AND REHABILITATION CENTE	R   '	136 DAVIS L	SS, CITY, STATANE TE, TN 377		1 100	VOIEVIZ
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	CH CORRECTI S-REFERENCE	AN OF CORRECT VE ACTION SHOT ED TO THE APPR FICIENCY)	ULD BE	(X8) COMPLETION DATE
K 018 SS=D	Doors protecting or required enclosures hazardous areas ar those constructed of wood, or capable of minutes. Doors in a required to resist the no impediment to the are provided with a the door closed. Do are permitted.	FETY CODE STANDARD  rridor openings in other than of vertical openings, exits, or e substantial doors, such as of 1½ inch solid-bonded core resisting fire for at least 20 sprinklered buildings are only e passage of smoke. There is ne closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6 .3.6.3 rohibited by CMS regulations cilities.	K 018 K 018	closed to door to the was fixed ensure the 10/12/12.  2. An audiconducted designed were iden positive to 3. The Adeducation ensuring son 10/19/  4. The Mawill compfor four were well as the market serious son 10/19/	nce Director a positive la le central hal by the Mair at it closed to lit of all door lit by the Mair on 10/19/12, tified that di atch, dministrator with mainte all doors clos 12, uintenance D lete an audit reeks and mo	327 was fixed to ensure that to on 10/12/1 ll water heater tenance Director a positive later to the facility of the facility o	2. The room stor to ch on y was ctor or ors a	11/2/12
AROPATORY	Based on observatifailed to assure contatch. (NFPA 101, 1: The findings include Observation and interpreted on Octobe confirmed corridor and the central hall close to a positive la This finding was ver Supervisor and ackind Administrator during	erview with the Maintenance r 8, 2012 between 11:00 a.m loors to residents room 327 water heater room failed to ttch. ified by the Maintenance	A Ya I Proper	and sustai designee v results of monthly F Committe compliand Subsequer	ned. The A will review a the audit of a retformance e for three m the is achieve at plans of co ted as necess	pliance is achi dministrator of and analyze the all doors durin Improvement nonths to ensure d and sustained praction will is sary.	r e g the re d,	-
A A	ON ON PROVID	TYSOUPPEER REPRESENTATIVE'S SIGN		Au	ministrato	<b>-</b>	101	26/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/11/2012 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		445276	B. Wij	NG_		10/0	8/2012	
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER			ER .	STREET ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG	FIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	DULD BE	(X6) COMPLETION DATE	
K 018 K 021 SS=D	Any door in an extendosure, horizon hazardous area endevices arranged doors by zone or tactivation of:  a) the required match b) local smoke detection is moke passing the smoke detection is c) the automatic space. This STANDARD Based on observatialed to assure coby approved device The findings included to be compared to the compared	AFETY CODE STANDARD  It passageway, stairway ntal exit, smoke barrier or nclosure is held open only by to automatically close all such throughout the facility upon  anual fire alarm system; tectors designed to detect rough the opening or a required system; and prinkler system, if installed.  8.2  Is not met as evidenced by: ation and interview, the facility pridor fire doors were held open les. de: hterview with the Maintenance her 8, 2012 at 2150 p.m.		018		irector latch  ty was ctor on and that  e latch  ignee weekly ieved or e		
	had one side that f latch: This finding was ve Supervisor and acl	idor fire door by the copy room failed to close to a positive erified by the Maintenance knowledged by the ng the exit conference on			·			

PRINTED: 10/11/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445276 10/08/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 136 DAVIS LANE CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER LAFOLLETTE, TN 37766 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 050 NFPA 101 LIFE SAFETY CODE STANDARD 1. Immediate re-education was provided SS#F to the staff member not thoroughly Fire drills are held at unexpected times under checking the resident room by the varying conditions, at least quarterly on each shift. Maintenance Director on 10/8/12. The staff is familiar with procedures and is aware that drills are part of established routine. 2. Immediate re-education was provided Responsibility for planning and conducting drills is to the staff members responding to the fire assigned only to competent persons who are alarm regarding the necessity to qualified to exercise leadership. Where drills are completely check a room prior to leaving conducted between 9 PM and 6 AM a coded it and closing the door by the Maintenance announcement may be used instead of audible Director on 10/8/12. alarms. 19.7.1.2 3. The Maintenance Director or designee conducted re-education with facility staff on ensuring the affected room during a fire This STANDARD is not met as evidenced by: drill is thoroughly checked by 10/26/12. Based on observation and interview, the facility failed to staff was familiar with fire drill 4. The Maintenance Director or designee procedures. will conduct fire drills at least once a The findings include: month on various shifts for 90 days to Observation during a fire drill conducted on ensure compliance is achieved and October 8, 2012 at 2:45 p.m. confirmed the sustained. The Administrator or designee person discovering the fire failed to check the will review and analyze the results of the affected resident room and bathroom. fire drills during the monthly Performance This finding was verified by the Maintenance Improvement Committee for three months Supervisor and acknowledged by the to ensure compliance is achieved and Administrator during the exit conference on sustained. Subsequent plans of correction October 8, 2012. will be implemented as necessary. NFPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 SS≒F K 062 1. The dry system had a trip test performed Required automatic sprinkler systems are by certified fire protection company on continuously maintained in reliable operating 10/17/12. The result of that trip test was condition and are inspected and tested 22 seconds. The leaks in the dry riser periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, room were repaired by a certified fire 9.7.5 protection company on 10/18/12.

This STANDARD is not met as evidenced by:

2. An audit of both dry systems trip test were in the facility was conducted by the

Maintenance Director on 10/17/12. Both

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DEPAR	IMENT OF HEALTH	AND HUMAN SERVICES					): 10/11/2012   ABBBOVED	
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STAYEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) N	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
IDE		IDENTIFICATION NUMBER:		ILDIN	IG 01 - MAIN BUILDING 01	COMPLETED		
]		445276	B. W/I	NG		!		
NAME OF PROVIDER OR SUPPLIER							10/08/2012	
					REET ADDRESS, CITY, STATE, ZIP CODE			
CUMBE	RLAND VILLAGE CAR	LE AND REHABILITATION CENTE	R		36 DAVIS LANE			
	OLD OLD THE TAX DETAIL				AFOLLETTE, TN 37766			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			iĠ	CROSS-REFERENCED TO THE APPROPRIATE			
	<u> </u>				DEFICIENCY)		<u>                                      </u>	
K 062	Continued From page 3  Based on record review, observation and interview, the facility failed to assure the sprinkler system was maintained.				systems were within the appropriate	range.		
1 7 002				062	An audit of the dry riser room was			
					conducted by the Maintenance Direct			
					10/18/12. There were no additional	leaks	ļ	
	The findings include:				found.		.	
	Record review and interview with the				3. The Administrator conducted re-			
	Maintenance Director on October 8, 2012, at 3:30				education with maintenance staff on			
	p.m confirmed the last Dry system trip test				ensuring that trip tests are within the	;		
	conducted on 6-12-12 exceeded the 60-second time for water to reach the test outlet, by indicating it took 80 seconds. A second dry trip				appropriate range prior to the departure of the contracted certified fire protection			
	test was provided that was not acceptable due to incomplete and missing information.  Observation and interview with the Maintenance				company and ensuring that the dry riser			
					room remains leak free on 10/19/12.			
				İ	4. The Maintenance Director or desi	onee.		
	Director on October 8, 2012 at 3:30 p.m confirmed the sprinkler riser room had leaks on a dry riser union fitting and the wet system upper control valve had a packing leak. The Maintenance Director stated that the valve had				will complete an audit of the dry riser			
					room weekly for four weeks and mo	nthly		
					for two months to ensure compliance	is is		
					achieved and sustained. The Maintenance			
	been repacked in the past year. These findings were verified by the Maintenance Supervisor and acknowledged by the			ļ	Director or designee will review the annual dry system trip tests to ensure			
					continued compliance is sustained. The		<u>'</u>	
	Supervisor and acki	nowledged by the			Administrator or designee will revie	w and		
	October 8, 2012.	the exit conference on		- }	analyze the results of the dry riser ro	om		
K 067		FETY CODE STANDARD	K O	107	audit during the monthly Performance	e .	] ]	
SS≒F		ביי סטב טואון סאולט	Κū	ויטי	Improvement Committee for three me to ensure compliance is achieved and	onths	l '	
	Heating, ventilating, and air conditioning comply				sustained. Subsequent plans of corre	ı ection	1	
	With the provisions of	Ith the provisions of section 9.2 and are installed accordance with the manufacturer's			will be implemented as necessary.  1. The fire dampers will be inspected by a		1	
	specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2		K 06	57			l f	
	10.0.2.2				certified contractor on 10/29/12.	]		
					2 An audit of all the fine dean and to	th a		
		ļ			2. An audit of all the fire dampers in the facility was conducted by a certified			
	This STANDARD is not met as evidenced by:				company on 10/29/12.			
				-	- /			
1	NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be				3. The Administrator conducted re-			
	removed; all dampers shall be operated to verify				education with maintenance staff on			
					•			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/11/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445276 10/08/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 136 DAVIS LANE CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER LAFOLLETTE, TN 37766 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) ensuring all fire dampers are inspected K 087 Continued From page 4 K 067 every four years on 10/19/12. that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as 4. The Administrator or designee will necessary. review and analyze the results of the fire Based on observation, interview and record damper inspection during the monthly review, the facility failed to assure fire dampers Performance Improvement Committee to were maintained in accordance with NFPA 90A. ensure compliance is achieved and The findings include: sustained. Subsequent plans of correction Record review and interview with the will be implemented as necessary. maintenance director on October 8, 2012 at 1:30 p.m. confirmed the facility failed to perform the K 144 1. The run hour meter will be replaced on 4-year required maintenance to fire dampers. The 10/29/12 by the generator contractor. last fire damper inspections were done in 2007. This finding was verified by the Maintenance 2. An audit of the run meter on both Supervisor and acknowledged by the generators will be conducted by the Administrator during the exit conference on Maintenance Director on 10/29/12 to October 8, 2012. ensure they are functioning properly. NFPA 101 LIFE SAFETY CODE STANDARD K 144 K 144 \$5=F 3. The Administrator conducted re-Generators are inspected weekly and exercised education with maintenance staff on under load for 30 minutes per month in ensuring the run hour meters are accordance with NFPA 99. 3.4.4.1. functioning properly on 10/19/12. 4. The Maintenance Director or designee will complete an audit of both run hour meters weekly for four weeks and monthly for two months to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the run hour meter audit during the monthly Performance This STANDARD is not met as evidenced by: Improvement Committee for three months Based on record review and interview, the facility to ensure compliance is achieved and failed to assure the documentation indicated the sustained. Subsequent plans of correction emergency generator was run for 30 minutes will be implemented as necessary. under load each month. The findings include:

Record review of the Emergency Generator logs with the Maintenance Director, on October 8,

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